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Modified PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031

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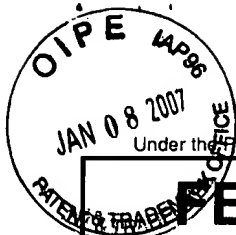
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/941,072	
	Filing Date	August 28, 2001	
	First Named Inventor	David GOODMAN	
	Group Art Unit	2161	
	Examiner Name	Etienne Pierre Leroux	
Total Number of Pages in This Submission		Attorney Docket Number	Poly-32

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John C. Pokotylo (Reg. No. 36,242)
Signature	
Date	January 3, 2007

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: January 3, 2007	
Typed or printed name	John C. Pokotylo
Signature	
Date	January 3, 2007

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**FREE TRANSMITTAL
for FY 2006**

Effective 12/08/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 310.00

Application Number 09/941,072

Filing Date August 28, 2001

First Named Inventor David Goodman

Examiner Name Etienne Pierre Leroux

Art Unit 2161

Attorney Docket No. Poly-32

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

50-1049

Straub & Pokotylo

The Commissioner is authorized to: (check all that apply)

☒ Charge any underpayment of fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) due in connection with the filing submitted herewith☐ Charge fee(s) indicated below, except for the filing fee in the to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING, SEARCH & EXAMINATION FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1000	500	Utility fee	
430	215	Design fee	
660	330	Plant fee	
1400	700	Reissue fee	
200	100	Provisional fee	
SUBTOTAL (1)			(\$) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		-20** =		X		=	
Independent Claims		-3** =		X		=	
Multiple Dependent						=	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	**Reissue independent claims over original patent
1205 50	2205 25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater, For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130		2051 65		Surcharge - late filing fee or oath	
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet	
1053 130		1053 130		Non-English specification	
1812 2,520		1812 2,520		For filing a request for ex parte reexamination	
1804 920*		1804 920*		Requesting publication of SIR prior to Examiner action	
1805 1,840*		1805 1,840*		Requesting publication of SIR after Examiner action	
1251 120		2251 60		Extension for reply within first month	60.00
1252 450		2252 225		Extension for reply within second month	
1253 1,020		2253 510		Extension for reply within third month	
1254 1,590		2254 795		Extension for reply within fourth month	
1255 2,160		2255 1,080		Extension for reply within fifth month	
1401 500		2401 250		Notice of Appeal	250.00
1402 500		2402 250		Filing a brief in support of an appeal	
1403 1,000		2403 500		Request for oral hearing	
1451 1,510		1451 1,510		Petition to institute a public use proceeding	
1452 500		2452 250		Petition to revive - unavoidable	
1453 1,500		2453 750		Petition to revive - unintentional	
1501 1,400		2501 700		Utility issue fee (or reissue)	
1502 800		2502 400		Design issue fee	
1503 1,100		2503 550		Plant issue fee	
				Petitions to the Commissioner - check fee sheet	
1807 50		1807 50		Processing fee under 37 CFR 1.17(c)	
1806 180		1806 180		Submission of Information Disclosure Stmt	
8021 40		8021 40		Recording each patent assignment per property (times number of properties)	
1809 790		2809 395		Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790		2810 395		For each additional invention to be examined (37 CFR 1.129(b))	
1801 790		2801 395		Request for Continued Examination (RCE)	
1802 900		1802 900		Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 310.00

SUBMITTED BY

(Complete (if applicable))

Name (Print/Type)	John C. Pokotylo	Registration No. (Attorney/Agent)	36,242	Telephone	(732) 542-9070
Signature		Date	January 3, 2007		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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